

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cruz for President

A. Full Name (Last, First, Middle Initial)

JENNY CRAIG

Mailing Address 11601 WILSHIRE BLVD STE 1840
STE 1840

City State Zip Code
LOS ANGELES CA 90025-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Transaction ID : SA17.363077B

Date of Receipt

M M / D D / Y Y Y Y
06 30 2015

CONTRIBUTION

Amount of Each Receipt this Period

-300.00

[MEMO ITEM]

REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)

JENNY CRAIG

Mailing Address 11601 WILSHIRE BLVD STE 1840
STE 1840

City State Zip Code
LOS ANGELES CA 90025-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Transaction ID : SA17.386200

Date of Receipt

M M / D D / Y Y Y Y
06 30 2015

CONTRIBUTION

Amount of Each Receipt this Period

300.00

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)

MR. TOMMY C. CRAIGHEAD

Mailing Address P.O. BOX 576

City State Zip Code
ARDMORE OK 73402-0576

FEC ID number of contributing
federal political committee.

C

Name of Employer
T. C. CRAIGHEAD & CO.

Occupation
OIL & GAS PRODUCER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.263845

Date of Receipt

M M / D D / Y Y Y Y
04 27 2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

500.00

Total This Period (last page this line number only).....